

<b>Case Number:</b>	CM15-0005677		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/22/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old female, who sustained an industrial injury on 12/22/06. She has reported pain in the right knee. The diagnoses have included osteoarthritis and right knee medical meniscus tear . Treatment to date has included right knee Synvisc injection on 5/14 and oral medications. At the progress note on 10/21/14, the injured worker noted pain and stiffness in the left knee. She reported that the right knee injection she received in May gave her 6-7months of pain relief. There are no diagnostic studies included in the case file. The treating physician is requesting a right knee Synvisc injection x 1. On 12/14/14 Utilization Review non-certified a request for a right knee Synvisc injection x 1. The UR physician cited the MTUS and ACOEM guidelines for chronic osteoarthritis. On 1/12/15, the injured worker submitted an application for IMR for review of right knee Synvisc injection x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient Synvisc 1 Injection (right knee):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Osteoarthrosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Synvisc

**Decision rationale:** The injured worker is being treated for right knee osteoarthritis and medial meniscal tear. Conservative management has included Norco and Synvisc injections. There are no radiologic reports available for review. Official disability guidelines indicates Synvisc as a treatment option in a series of 3 for osteoarthritis. The injured worker is being treated by her orthopedic surgeon for presumed osteoarthritis. Request for Synvisc injection was denied by utilization review discounting diagnosis of severe osteoarthritis. This reviewer has no reason to doubt the diagnostic skills set of the treating orthopedic surgeon who provides ample supportive diagnostic documentation to support his diagnosis of osteoarthritis, especially in light of the fact that the injured worker had previous successful response to Synvisc injections. Request for Synvisc injection is therefore medically necessary.